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ABSTRACT

This report describes and evaluates the Child and Family Resource Program (CERP) in Poughkeepsie, New York, one of 11 sites of this Head Start-affiliated program. Placing a professional in appropriate community agencies to help bring about changes in the social service delivery system (the Resource Agency Person (RAP) concept) is considered a major strength in the program. Another strength of the Poughkeepsie CERP has been involvement of the Parent Policy Council and community agencies in development of the program. Specific areas of the program are described and evaluated: (1) the overall, specific, and operational goals of the program and its components; (2) the planning, startup, and implementation of the program components (social services, parent involvement, health services, and education); (3) staff functions and qualifications and the recruitment process; (4) preservice and inservice training; (5) recruitment of families and the use of needs assessment procedures; (6) amount of coordination with social service agencies; (7) materials used with each program activity; and (8) program cost data (in table form). A general summary of this site's strengths and weaknesses is provided. (ED)

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PROGRAM DESCRIPTION

CHILD AND FAMILY RESOURCE PROGRAM
POUGHKEEPSIE, NEW YORK

Under Contract No. HEW-OS-74-274

Submitted To:

OFFICE OF CHILD DEVELOPMENT
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June 30, 1975

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POUGHKEEPSIE CFRP
PROGRAM DESCRIPTION

INTRODUCTION

Poughkeepsie is located on the eastern shore of the Hudson River in Dutchess County about 75 miles north of New York City. The city has a population of 32,829 with 7,329 families. The unemployment rate for Poughkeepsie was 8.5% at the time the original CFRP proposal was submitted. Additional community need is demonstrated by the fact that 1,849 families received Aid to Dependent Children (ADC) funds, and 20% of the school population is eligible to receive free lunches.

The Dutchess County Head Start Program was originally funded in 1964, and currently serves 220 children in six locations. The CFRP target area, however, is limited to the city of Poughkeepsie, which has two Head Start centers. The program is administered by the Office of Educational Programs, a component of the Dutchess County Committee for Economic Opportunity. The history of the Child and Family Resource Program in Poughkeepsie is as follows: During a visit by an official of the Office of Child Development Regional Office in the fall of 1971, the Dutchess County Head Start staff was told that the OCD National Office was planning a program to broaden the scope of Head Start services. They were told that the group that went ahead and developed proposals might have a good chance for funding. In response to this, the Director of the Office of Educational Programs (who was also the Head Start Director) and the Head Start Community Psychologist developed a proposal entitled Project REACH (Reinforcing Education for Adults and Children). The heart of Project REACH was a center and an outreach effort using satellite centers which would broaden attempts at intervention through a variety of methods. However, all of the outreach efforts were to be coordinated by a central location. The Head Start Policy Council and the Board of Directors of the Dutchess County Committee for Economic Opportunity approved the proposal and it was submitted to OCD and other funding sources. The project, however, was never funded. Towards the beginning of 1973, the Head Start staff was informed that OCD was developing a program called the Center with Many Programs (later changed to CFRP) and that they were one of several locations in Region II selected to submit a prospectus. The Head Start staff in Poughkeepsie decided that their Project REACH concept could be modified to conform to OCD requirements and submitted the prospectus on February 28, 1973. Poughkeepsie was then chosen as one of two possible sites that would be funded in Region II and was asked to attend a Proposal Planning Conference being held by OCD in Denver, Colorado.

During the proposal preparation or Planning Phase, the Head Start psychologist initiated the idea of a Resource Agency Person (RAP), a professional hired by CFRP and placed in an appropriate community agency in order to help bring

about changes in the service delivery system. During this time, the Head Start Policy Council, which was composed of parents of Head Start children and community representatives, was given a rough draft of the proposal and meetings were held to explain the program concept and why the staff felt it would be beneficial to Dutchess County. The Policy Council did have some questions regarding the program. They were afraid that energies would be drained from the Head Start Program and that the new program would be divisive because not all of the Head Start centers in the county would be involved.

While the fears of the parents were being alleviated, a meeting was held to explain the program concept to about fifteen community agency directors who would participate in the project. The directors agreed that the idea was a good one and offered some suggestions for the proposal. The agency directors also agreed that they would like to have a RAP placed in their agencies and that they would be agreeable to a long range integrated work plan.

A full proposal was submitted to OCD towards the end of April 1971, and on June 14, 1971, they were officially informed that their grant was funded. They enrolled their first family on November 15, 1971, the start of program implementation efforts.

[redacted]

A. [redacted]

Program Planning and Policies

The principal goals developed for the Neighborhood Center are:

- to deliver programs and services so as to meet needs of individual children and their families;
- to build awareness in the community;
- to provide community, as families see gaps in children's development and those before birth through the early school years; and
- to build on the strengths of each family as an individual within existing systems.

In order to meet these goals, the program will aim to build a Management system that can systematically evaluate it's . . . to determine what kind effect on the family and result from working with eligible or ineligible family members.

Both has the agency is a psychologist who works part with the family and the rest of the Center staff as a regular basis in order to provide the most quality services available to families and individuals. The program plans will aim to change the services delivered, agencies in the community to provide the implementation of effects that that will develop. Through the interviews of the family who would be placed in the community agencies, they hoped to effect changes in the delivery process and thereby change the basic policies of these agencies.

Other goals serve to identify and play part in services using the community agencies that serve to assistance, to get the agencies to recognize the needs of the poor people in the community, to identify functions and being services to change the system which diagnosis functions in order to agencies for accomplishment on additional functions, and to create the functions of child development centers that could better develop children to assist them with potentials.

In order to achieve the level of treatment (1969) goals, the Neighborhood programs planners made some basic decisions which affected the overall decisions of the programs. These basic decisions were:

- The program planned to provide 80 families by December 30. This decision had 60 of the 80 families would be families with three Black children and the remaining 20 would be families with two Black

[illegible] [illegible] [illegible] [

[illegible]

B. Program Implementation

Within the Poughkeepsie CFRP there is no specific component structure. The RAPs are the basic family contact who work across components seeing that individuals within the family units receive the services which are available through the various component resource agencies. The CFRP Nurse and Family Resource Assistant (FRA) are brought into contact with the family by the RAPs, as is the Parent Involvement Coordinator who is a Head Start employee. Thus, the RAPs become the initial and basic family contact in the CFRP and the liaison between the families and the agencies. In this fashion, they control and coordinate all of the services which the individuals and families receive from the various component resource agencies.

The specific agencies providing services to CFRP families will be detailed further in this case study. The types of services provided by general program activity during the spring of 1975 are as follows:

1. General Health, Medical and Dental - Contacts have been established with a number of hospitals, clinics and medical groups that provide comprehensive health-dental assessments, prenatal care and other medical treatment for all CFRP children, families and babies.

2. Mental Health - Contacts have been established with several clinics that deal with the emotional problems of children, adults and family counseling. As mentioned previously, one RAP works with a clinic dealing with the emotional problems of children.

3. Nutrition - Contacts in the area of nutrition are lacking; however, the CFRP Nurse and one agency deal with the services provided in this area.

4. Handicapped - The Coordinator of Services to the Handicapped, who is employed under a special grant outside CFRP, spends all of her time on providing counseling and obtaining services for the handicapped. This person has developed contacts with all of the agencies, hospitals and clinics that deal with the specialized problems of the handicapped. Services provided include therapy, special treatment, equipment, and curriculum counseling.

5. Education - Services provided include the Head Start program, an Infant-Toddler program, and tutoring program for CFRP elementary school children, and a Head Start Linkage program with the Poughkeepsie School System. Also, one RAP works with the school system with these programs as well as serving as liaison between CFRP parents and the schools.

6. Social Services - The RAPs have made contacts with all of the available social service agencies that provide all types of services including hospital, clinic, public assistance, emergency assistance, housing assistance, employment assistance, legal assistance, family counseling, planned parenthood, vocational training, and a number of other services such as driver's training, disability claims and consumer assistance. In other words, the RAPs have established contacts and have had services provided from many various agencies including federal, state, local, and private. The RAPs have been instrumental in seeing that services have been provided to CFRP families from more than 75 agencies.

7. Parent Involvement - The Coordinator of Parent Involvement has involved the parents in the classroom and has instituted a sewing program called Project Stitch. Parents are also put in contact with educational and vocational programs offered by the school system, the colleges in the community, and private vocational training organizations. As well as serving on the Policy Council, parents also participate in field trips, recruiting families for CFRP, and in other social functions.

8. Additional Services

- A full day care center under the Head Start Program.
- The CFRP staff constantly questions parents to get their ideas on what they want. CFRP was conducting a sewing project with parents in the spring of 1975.
- Parents in the Infant-Toddler program make toys for use in the program and the CFRP staff provides some instruction to parents in the construction and repair of simple toys and other items.
- The CFRP has a tutoring program detailed previously. Also they provide information on the Hudson Valley OIC, the National Service Organization on the training and education program for adults.
- The CFRP does not operate a lending library for books and such. This is done to a limited extent by the FRAs in working with the mothers in the Infant-Toddler program. The public library is generally relied upon for this service.
- The CFRP does not have a family room and library, but does have a resource library that can be made available to the parents on request.

- The CFRP staff is investigating the possibility of forming a cooperative for the purpose of purchasing food items.

The RAPs have had no problem identifying resources to be utilized in the CFRP and have used them in accordance with the needs assessments of the families. Based on the evidence of the resources used, the RAPs have identified a wide range of agencies to provide services for the CFRP families to draw from. However, there have been some problems in getting the agencies to understand the CFRP concept, but the personal contact by the RAPs has alleviated many of these difficulties with most of the agencies and the agencies have generally been cooperative in providing services. The one agency with which difficulty still exists is the Department of Social Services, which is explained further in this report.

As is evidenced from all of the services being provided to CFRP parents and children, the OCD required minimum services are being met and the CFRP in Poughkeepsie appears in compliance with the CFRP guidelines.

III. STAFF

A. Program Planning and Startup

During the Planning Phase, the Director of Education Programs and the Community Psychologist talked about the kinds of people they wanted to hire for the program and the kinds of functions each would be responsible for. However, detailed job specifications were not developed. They came to the conclusion that the program would begin with three staff people from the Head Start program - the Director of Educational Programs, the Community Psychologist and the Head Start Health Coordinator. They would then bring others on board as the program developed. It was decided that the additional staff would not necessarily come from within Head Start and that the new people would have to be approved by the Personnel Committee of the Parent Policy Council.

During planning the following staffing pattern was anticipated for the program:

Director -	Overall responsibility for program; supervises all staff; insures that guidelines are met; approves staff training plan; and seeks out other sources of funding.
Psychologist -	Sets up programs responsible for overall staff training; coordinates with other agencies to provide training consultants; makes final counseling decisions; responsible for overall mental health program design and implementation, and conducts small group counseling sessions.
Health Coordinator -	Implements health plan; schedules clinics; conducts screening; and sets up health meetings.
Nurse -	Sets up health programs; sets up nutrition workshops; helps set up center menus.
Family Data Coordinator -	Coordinates visits so that parents are not overwhelmed by a parade of program staff.
Resource Agency Personnel -	Works within an agency; coordinates direct service to families.

Administrative Assistant-Secretary	Assists director in budget preparation and submission of forms to OCD; provides secretarial support to director.
Bookkeeper -	Keeps books, and maintains fiscal records and payroll.
Social Worker -	Conducts home visits; conducts individual counseling sessions; keeps counseling records.
Community Resource Parent	Under the supervision of the Psychologist; works with assigned families to interpret/identify social and health needs; works with families primarily through the medium of home visits.

Once the grant was signed, the Director of Educational Programs and the Psychologist took another hard look at the staffing pattern. They felt they first had to decide what the needs of the families would be and what services they would be providing. They knew the size of the budget they would be working with but they also did not want to hire a full staff right away. They wanted to get the CFRP Center prepared, obtain office equipment and materials, and devise administrative procedures and forms.

The CFRP started, therefore, with three staff people. The Director of Educational Programs, the Psychologist, and the Head Start Health Coordinator. All three had previously worked on Head Start; they were now working on both programs. The three of them and the Parent Policy Council decided to first hire a Nurse, then a Family Data Coordinator, and the two RAPs. They worked out a detailed job description at this time and met with the Chairman of the Personnel Committee of the Parent Policy Counsel to discuss the jobs. Advertisements were placed in local newspapers and community group newsletters. The three staff members did the initial interviews - the Director interviewed potential Family Data Coordinators; the Psychologist interviewed potential RAPs; and the Health Coordinator interviewed potential Nurses. They then went over their interview notes and resumes with the Personnel Committee of the Policy Council. The Personnel Committee then interviewed the candidates in person and made recommendations to the full Policy Council. The Policy Council made a final recommendation to the Director of the Dutchess County Committee for Economic Opportunity who did the hiring. The Director had always

followed the recommendations of the Policy Council and followed the procedure in these cases also. From the above procedure, a Nurse was hired in September and a Family Data Coordinator and two RAPs were hired in October.

B. Program Implementation

The Poughkeepsie CFRP staff is composed of a Project Coordinator who is budgeted for 25% of the time on CFRP, a CFRP Nurse, two RAPs, one RAP Administrator, three Family Resource Assistants, and a Family Data Coordinator who are all 100% budgeted to CFRP. An Office Manager/Receptionist, Bookkeeper and Accountant support the CFRP, being budgeted in part to the program. Also, the CFRP has positions for an Educational Consultant and a Psychology Consultant budgeted to the program. A diagram of this organization is shown in the organization chart in Exhibit A.

The present organization chart (Spring 1975) represents the changes that have had to be made in the original structure. For instance, there is no longer a slot for a Community Psychologist; this position has been done away with since the former Community Psychologist left in August of 1974. As this vacancy has been impossible to fill, the decision was made to hire a RAP/Administrator to handle the administrative duties that were previously handled by the Community Psychologist as well as to serve as a RAP with families. The community psychology functions will now be handled by a consultant.

The present organization chart also does not have slots for a Research Assistant or for Psychological Social Worker. These slots were never filled in the staffing program as the research is handled by one of the present staff and the RAPs are qualified to perform the work of the Psychological Social Workers with the input of the former Community Psychologist and now the Psychology Consultant.

The job descriptions and qualifications for the Resource Agency Personnel, the CFRP Nurse, the Family Data Coordinator, the Family Resource Assistant, and the Parent Coordinator are shown in Exhibit B. As the job description for the RAP/Administrator has not been drawn up as yet, this description is not included. This position, however, is to be a combination of the RAP duties and the previous administrative duties handled by the former Community Psychologist. Some of these responsibilities have been modified as to the overall administrative scope. For instance, as shown in Exhibit A, the RAP/Administrator will supervise the three RAPs and the Family Data Coordinator. He will also be responsible for

the administrative record keeping in regard to the family data and progress reports at the CFRF. As a RAF, he will have the same responsibilities as the other RAFs as far as handling families.

The Parent Coordinator included in the job descriptions is not shown on the organization chart. This person, as part of the Head Start staff, will be assigned to assist one of Head Start aides. As part of the duties under Head Start, this person also handles the parent involvement for the CFRF in accordance with the job description shown.

The Poughkeepsie CFRF does not operate with a classical component structure as the RAFs and the CFRF Nurse operate across components. As they are the focal points around which the program operates, they coordinate and integrate the contacts and services of all components between the family units and the resource agencies. Also, as the program relies on the use of Head Start personnel under the overall Dutchess County Committee for Economic Opportunity, Inc., there is a family close integration of the Head Start program and the CFRF.

ANNEXE [illegible]

[illegible] Agency Personnel

Job Description

1. Provide [illegible] agencies [illegible] [illegible] agencies [illegible] [illegible] [illegible] [illegible] [illegible].

2. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible].

3. [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible]

[illegible] (1-1)

[illegible] and [illegible] Economics: [illegible] Article

[illegible] Responsibilities

1. [illegible] [illegible] [illegible]

[illegible]

[illegible]

[illegible]

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. [illegible]
6. [illegible]
7. [illegible]

[illegible]

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. [illegible]
6. [illegible]
7. [illegible]
8. [illegible]
9. [illegible]
10. [illegible]
11. [illegible]
12. [illegible]
13. [illegible]
14. [illegible]

[illegible]

[illegible]

To illustrate the relationship of these staff responsibilities to the total program effort the following table shows the percent of time the CFRP reported its staff spent in each program category. These data represent staff activity during the period January 16 through April 15, 1975. (Complete definitions of activities which are included in each of the program categories may be found in Section VIII of this case study.)

STAFF UTILIZATION PER CATEGORY

PROGRAM FUNCTIONAL CATEGORIES (SEE SECTION VIII FOR DEFINITIONS)	Percent of Time Total Staff Spent in Category
1.1 General Health, Medical, and Dental	8.4%
1.2 Mental Health	7.8%
1.3 Nutrition	.8%
1.4 Handicapped	1.2%
2.0 Education	23.5%
3.0 Social Services	16.1%
4.0 Parent Involvement	15.3%
5.0 Staff Training	5.3%
6.0 Administration	21.6%

In the functioning and administration of the CFRP, the Project Coordinator is responsible for the overall supervision of the program. The RAPs, the RAP/Administrator, the CFRP Nurse, and the consultants are directly responsible to the Project Coordinator. The Project Coordinator has designated a person to act as Project Coordinator when necessary. This position does not show on the organization chart and becomes more or less a position of understanding. The person selected for this is the Assistant Director of the Office of Educational Programs, who is budgeted 100% to Head Start. This person also supervises the Education Component of the CFRP. Thus, in the absence of the Project Coordinator and as designated, the Assistant Director of the Office of Educational Programs serves as the Project Coordinator. Although the organization chart does not show this position, it is apparently understood by the CFRP staff and is also an indication of the efforts of the Project Coordinator to bring the CFRP and Head Start programs closer together.

The basic problem in the operation of the CFRP has been in the area of supervision. As the Project Coordinator is budgeted for only 25% of the time to CFRP, the greater part of her time and responsibilities is involved with the overall Dutchess County Committee for Economic Opportunity, Inc., program. This combined with the departure of the Community Psychologist as of August 1974 who originally had the supervisory responsibility for the CFRP, created the problem of limited staff supervision in terms of the overall administration of the program. Although the staff functioned during this period, the demands on the Project Coordinator's time for the day-to-day supervision were substantially in excess of the amount of time actually budgeted.

With the departure of the Community Psychologist certain administrative functions were not handled, basically due to the pressure of time and the demands of other duties. Actually the CFRP operated for more than six months without an additional person to handle the administrative functions formerly handled by the Community Psychologist. This was evidenced by the fact that the biggest problem with the CFRP was in supervision which was lacking after the departure of the Community Psychologist. The difficulty in locating a replacement for the Community Psychologist has also created problems delaying any action to be taken in this problem area. Unable to locate a replacement for the Community Psychologist after more than half a year, the Project Coordinator decided on another approach. This was to hire a RAP/Administrator, who will handle most of the administrative functions previously handled by the Community Psychologist and will also handle the supervision of the FRAs and the FDC, and a consulting psychologist, who will be responsible for the psychological input to the program. Thus, by splitting the functions of the previous position, the staff supervision problem and the community psychology input will now be covered. The organization of the CFRP is now structured so that proper supervision can be maintained and the RAP/Administrator will be working on reporting and organization systems to facilitate the functioning of the CFRP. Thus, the CFRP organization is now structured in a fashion that is suitable for the particular operation in Poughkeepsie. The relationship and the qualifications of the CFRP and Head Start program staffs appear to function efficiently and are making the program work.

IV. STAFF TRAINING

A. Program Planning and Startup

A need for staff training was felt during thePlanning Phase and this was discussed in the proposal. They decided to hire staff people for the program over a period of time and they discussed training for these people and decided to provide training as the people were hired.

In the Planning Phase they decided not to restrict training to a simple one-shot or one-specialty condition, but rather to have a continuous interlocking and coordinated training program over the life of the CFRP. Training would be provided by specialists in the Office of Educational Programs or by consultants brought in from around the community. Training was also planned to be conducted in conjunction with other programs, such as Head Start. Finally, it was decided that the training should relate to the specific needs of the people in the program. Therefore, it was planned that a variety of techniques and training modalities be used. The inservice training program would consist of, at a minimum, weekly work conferences and a formal meeting. This would be expanded to include clinical demonstrations and laboratory experiences through the use of such training techniques as tape-recording, videotape, and role playing.

When the grant was signed, a two-day training session was held for Head Start staff who potentially might be working on CFRP. At this session, the CFRP concepts and goals were explained along with the operation of the program, and a discussion was held on how the Head Start and CFRP efforts would be blended.

Once the Nurse, Family Data Coordinator, and RAPs were on board, a two-week training session was held for them. The training was given by the Director of Educational Programs and the Psychologist primarily, but agency people contributed when they were needed and when they were available. The training session topics were as follows:

- What is Head Start/functions of Head Start?
- What is CFRP?
- Services available in the community.
- Administrative procedures.
- Role of RAP.

In addition to the above training, the new staff went out to meet the representatives of the community agencies and also attended some agency staff meetings. Because of the innovative nature of the RAPs dual assignment to a community agency and CFRP, only professionally qualified (Masters of Social Work or equivalent) individuals were hired.

This had a direct effect on the training since it was assumed that the RAF would know how to handle home visits, conduct interviews, etc.

B. Program Implementation

The training in the Poughkeepsie CFRP is done directly in relation to the operation and functions of the program. As the CFRP is not structured by components, the training is not broken down accordingly. There does not appear to be any fixed schedule for training activities. The reason for this is due to the fact that there was only a small amount of money allocated in the budget for training. The money that is available is used for training conferences, the training of the FRAs, and in career development for staff who do not have a college degree or related to their non-degree staff to take courses leading to a degree or related to their CFRP functions at nearby colleges such as the Dutchess Community College and the Poughkeepsie College Center. (One of the FRAs is presently taking courses leading to a degree.) As the training funds are limited, the staff holding degrees are given compensatory time for taking advanced courses and no money is paid by CFRP.

Preservice training is not conducted in the CFRP. This is perhaps due to the hiring practices in the CFRP. With the exception of the FRAs who basically are experienced in the Head Start or similar programs but may not be experienced in the infant-toddler program in which they work, the staff of the CFRP come to the program with a wide range of experience and background in the social and psychological fields. Thus, the need for an extensive preservice training program is not indicated. All that is needed is an orientation to the CFRP which is provided for all new personnel.

The training that is done according to a schedule is done in conjunction with the Head Start program. This training is held four times a year and the CFRP staff is included. This training is designed to increase the knowledge and ability of the staff in doing their job and consists of a combination of lecture and workshops. For example, members of the community agencies are invited in to talk about their agencies, the services they provide, and how they can work together with the CFRP.

Within the CFRP, ongoing specialized staff training is provided to the FRAs by the educational consultant. This consists of specific training in child development that is designed to help the FRAs in their work with the infant-toddler program of the CFRP. Here, the FRAs learn to deal with mothers and the handling of children, ages 0-3, in making toys and other things designed to stimulate the babies and in educating mothers in how to work with their babies. The FRAs also have the mothers attend the CFRP center once a week to get involved with one another as well as

in the whole CFRP process. The educational consultant works with the training of the FRAs at least two days a week.

Other staff training within CFRP is handled on an "as-needed" basis. Staff training is usually held during the weekly staff meetings where the disposition of cases is discussed; the staff rely upon the expertise of each other for professional input. Also, the staff initially determines what training they want or need according to where they feel there are gaps and when they have a need for specific training. The Assistant Director of the Office of Educational Programs is in charge of training and provides training when there is a felt need for it. One of the problems in training in the Poughkeepsie community appears to be the difficulty in finding people who have a better background than the CFRP staff. Thus, training is utilized as a support function for the staff of the CFRP rather than as an organized scheduled function of the program.

Training of the FRAs for the Infant-Toddler Program in the CFRP is described as being effective and successful in that the mothers are cooperating in the program and are seeing concrete results in the handling of their babies. Much of this is the result of interest and enthusiasm expressed by the FRAs and the training in child development which they have received from the education consultant.

In summary, the training for the staff seems adequate; however, not having the psychologist has hurt the training program. This problem should be overcome with the hiring of the psychology consultant. With the background and experience of the staff, the idea of using training as a support for addressing particular determined needs of the staff appears to be practical and realistic. The psychology consultant will obviously be able to fulfill a need in the training which has not been available since the Community Psychologist departed. The staff training program as structured in the CFRP appears adequate and flexible enough to meet the needs for training as determined by the staff.

V. INDIVIDUALIZATION

A. Recruitment of Families

1. Program Planning and Startup

There was actually a minimum of planning for this function. They decided to use the City of Poughkeepsie as the target area since this was the only place in the county that had a number of Head Start families in a reasonably limited geographic area. It was decided to enroll a total of 80 families. Sixty families would be recruited from Head Start and 20 would be referred from other community agencies. They expected that all 80 families could be enrolled and their needs assessment completed by November 30.

After the grant was signed, the CFEP staff began to recruit Head Start families into CFEP by first trying to explain the CFEP concept. A member of the Head Start teaching staff was paired with a RAP, Nurse, or Family Data Coordinator to go out and speak to families. This took place in late September and early October. They found many families were interested in CFEP but they were not overly enthusiastic. They saw CFEP as an additional service to Head Start. The staff had no trouble getting families to agree to join CFEP and the first family was enrolled at the beginning of November.

2. Program Implementation

As children are recruited into Head Start, their families are given the option of enrolling in CFEP. The criteria for enrollment are the same as for Head Start, except that families must live in the City of Poughkeepsie, whereas Head Start accepts children from the entire county. Other criteria are:

- income level;
- children from 0-8;
- demonstrated needs; and
- willingness to cooperate with the program.

B. Needs Assessment

1. Program Planning and Startup

The Poughkeepsie CFRP planned to use the needs assessment procedures as expanded version of their Head Start assessment forms. While this may be true, they did not develop the specific forms and procedures during the Planning Phase but talked in terms of the general things they would do and the kinds of information they would need.

An Assessment Team was formed, however, with the following membership:

Director of Educational Programs
Educational Specialist from School System
Pediatrician
Director of Family Counseling Service
Director of Child Guidance Clinic
Specialist in Speech and Language Disorders
Specialist in Nutrition and Consumer Education
Director of Rehabilitation Programs, Inc.
Parents from Policy Council

It was planned that the Assessment Team members would meet periodically for the purpose of evaluating the process of providing individualized services to families and family members. The majority of the team was planned to be from outside agencies in order to insure objectivity. The parent members were to be selected by the parents themselves. They were to attend all meetings and have full voting privileges. The number of parent representatives was to be fixed at a later date by the Policy Council.

During the Startup Phase, after the grant was signed, the Director of Educational Programs and the Psychologist began to develop the specific needs assessment procedures. They went through several drafts and found they needed more time to develop these procedures than was originally planned. The drafts were also discussed with the Head Start personnel during the two-day familiarization training session for Head Start staff.

2. Program Implementation

The Poughkeepsie CFRP has implemented needs assessment procedures designed to secure individualized services to families and children in the program. These procedures have been worked out in a systematic form and put down in a step-by-step procedure as to staff involvement and responsibility.

Developmental Associates, Inc. 1977

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

- Child Protective Service -- under public welfare, provides protection for children of neglecting and abusing parents.
- Citizen Center -- provides services in obtaining food stamps.
- Code Enforcement -- provides assistance with housing problems.
- Defense League -- provides assistance for workers' defense in compensation problems.
- Department of Corrections -- used for assistance with correctional cases.
- Department of Labor Unemployment Hearing Referee -- used in unemployment benefit disputes.
- Department of Social Service -- the state agency handling social services for the public.
- Department of Probation -- utilized for assistance in probationary cases.
- Drivers' Training Institute -- provides driver training to individuals.
- Family Court -- provides assistance to CFRP in court-related family problems.
- Housing Authority -- provides assistance with housing problems.
- Legal Service Bureau -- provides legal assistance.
- Mid-Hudson Valley Legal Service Project -- provides legal aid.
- Office of the Aging -- provides assistance in situations dealing with senior citizens.
- Police Community Relations Center -- provides social services and assistance in police-related areas and also referrals.
- Public Defenders -- provides legal aid.
- Red Cross -- provides emergency assistance in crises and transportation services.

- RSVP -- an agency for older people who provide services by making things for families and mothers such as baby basinettes, clothes, etc.
- Salvation Army -- provides emergency services.
- Social Security Administration -- provides payment assistance to eligible persons.
- St. Ann's School -- an alternative to the state training system for youths needing supervision.
- Volunteer Service Bureau -- provides volunteers for a variety of services.
- YMCA -- contacts are being made to provide a recreational program for children.

7. Parent Involvement

- Infant-Toddler Program -- a CFRP program for providing training and services to mothers of young babies in child development and rearing.
- Head Start -- involves parents in the classrooms as aides.
- Project Stitch -- a sewing program offered by CFRP involving parents in learning to sew and make things.
- Parent Anonymous -- a self-help group dealing with the problems of neglect and abuse of children.
- Planned Parenthood -- provides services and guidance in family planning.
- Family Counseling Service -- provides marital counseling and homemaker services.
- Teen Mothers Club -- operated by the YWCA, provides counseling and social guidance to teenage mothers.
- Project Gateway -- provides pre and post-release services for inmates of the Dutchess County Jail.
- Operation Higher Education -- provides educational programs for parents.

- Office of Vocational Rehabilitation -- provides vocational training services for adults.

- Poughkeepsie College Center -- offers courses parents can take.

- Poughkeepsie Family Development Day Care Center -- provides day care center for working parents.

- Manpower Development Committee -- provides job training and counseling for parents.

- New York State Attorney General -- provides assistance on consumer education.

8. Training

- Astor Child Guidance Clinic -- provides training in dealing with children's emotional problems.

- Bennet College -- provides training sessions on counseling for CFRP.

- Poughkeepsie College Center -- provides courses in child development and other related areas that CFRP staff can take.

- Dutchess Community College -- provides educational courses in social areas which CFRP staff can take.

In addition to the above, services are provided by Head Start and the CFRP in the tutoring and Infant-Toddler Programs as well as the services provided by CFRP in the preschool linkage.

The coordination for all these services to CFRP families is the responsibility of the RAPs. In working with the needs assessments and establishing objectives, the RAPs are the basic contact with the family unit and for the coordination and integration of the services determined as needed by the family units. The RAPs, operating according to the determined priorities, assure that the appropriate agencies are contacted and that the scheduling is worked out in line with the families' availability. Thus the coordination is done by the RAPs on a one-to-one basis.

In the coordination of services, no interagency council has been formed or organized even though the "Esoteric Committee" included a number of agency representatives who assisted in the development of the CFRP proposal plan. As a liaison in the coordination, case conferences and are being held by the RAPs. This is where the RAPs contact the

concerned agency and have a meeting to discuss a particular case or situation involving the services of that particular agency. Thus, all contact and coordination is done by the individual RAPs according to their particular requirements.

The CFRP staff members usually have difficulty in developing an initial understanding among the agencies as to what the CFRP is about. However, once contact is made and the CFRP explained, there is usually no problem in getting cooperation from the majority of the agencies.

The one agency that presents a continued problem in cooperation is the Department of Social Service. Expressions such as "no dent has been made in this agency" and "responses have been defensive and hostile" indicate that this agency evidently does not intend to cooperate with the CFRP. This may be due to the Department of Social Service seeing the CFRP as a threat and an organization that is facilitating the provision of services which they are supposed to provide. The Project Coordinator has attempted to address this problem with high-level contacts in the agency in an effort to work out a more cooperative relationship. In addition the CFRP staff has made several contacts. Despite these efforts they have been unable to improve this relationship.

VII. MATERIALS

A. Program Planning and Startup

During the Planning Phase it was decided to use space in the Head Start Center for CFRP offices. Three reasons for this decision were given. In the first place, parents were familiar with Head Start and would feel comfortable there. In the second place, use of the Head Start Center would give the CFRP staff a better feeling for the Head Start program. Finally, the cost of the facility could be shared by the two programs.

After the CFRP grant was finalized, a contract was signed for the additional space for the CFRP offices. Also, bids were sought on a few of the more expensive pieces of office equipment and these bids were submitted to the OCD Regional Office for approval. Finally, the other pieces of equipment listed on their budget were bought. No significant changes were made during the Startup Phase in the original plans for the acquisition of a facility, equipment, and materials.

B. Program Implementation

Materials used in each CFRP program activity are listed below:

1. General Health, Medical, and Dental

Health literature, test for TB, first-aid kits, and thermometers. Films on health and behavior, breast cancer, and booklets on immunization, nutrition, child development, poison control, dental care, senior citizen participation, and toddler safety.

2. Mental Health

Vocational counseling and testing materials, books on diet, and living with children and parents.

3. Nutrition

Books and pamphlets on nutrition.

4. Handicapped

Curriculum guides for the handicapped, CSH(Coordinator of Services to the Handicapped) site visit reports, child assessment forms, audiovisual aids for training sessions with teachers, company materials, special educational aids, and gym equipment for therapeutic purposes.

5. Education

Copies of materials from books on child association and development for the Infant-Toddler program; toys such as rattles, puzzles, bright colored materials, matching games, and textiles and other things made by the mothers and the FDAs. Also, texts on child development are used in the training of the FDAs.

6. Social Services

The basic material used in this area is literature provided by the various agencies.

7. Parent Involvement

The material used is a training manual by G. Pavloff - G. Wilson entitled "Adult Involvement in Child Development" for staff and parents and films on various subjects mentioned previously.

8. Staff Training

The materials used in staff training seemed to be the same as all of those listed above.

In many cases, these materials are given or made available to the parents as educational support and information to help make them aware of the kinds of things that they should be concerned with in rearing their children and dealing with their family situations. The materials used serve to educate and inform the parents. These materials also serve as a training resource for the CFRP staff.

In addition, the Poughkeepsie CFRP has prepared a pamphlet which describes the program. This pamphlet is distributed to families and agencies. Agency literature describing available services is also distributed to families.

VIII. PROGRAM COSTS

Consideration of several program factors contributes to a better understanding of total program effort and purpose. Other sections of this case study deal with the more process-oriented features of the program. This section, on the other hand, focuses on program costs.

Part of the national CSEP information reporting system included a comprehensive cost data collection effort. The period covered by the data presented in this section is October 16, 1974, through January 15, 1975; a three-month period during the second funding year. The special summary graphs and cost data tables presented here were developed in a manner to indicate how and to what extent the program categories were supported. This cost data, collected for the period mentioned above, is represented by the following categories:

- total value of all program services provided during the study period;
- total value of General Health services provided during the study period;
- total value of Mental Health services provided during the study period;
- total value of Nutritional services provided during the study period;
- total value of Developmental services provided during the study period;
- total value of Educational services provided during the study period;
- total value of Social Services provided during the study period;
- total value of Parent Involvement during the study period;
- total value of staff training during the study period; and
- total value of program administration during the study period.

By reviewing each summary graph, the objectives addressed by each programmatic category, and each cost data table, it can be determined what resource was utilized by the program, the total dollar value of services provided by each resource, and the purpose for which the resource was utilized. Complete cost data for each of the above ten (10) categories are presented individually in

The following pages. Each category is presented in three parts which include:

- a graph which summarizes cost data related to each category;
- a list of program objectives relevant to each of the nine (9) programmatic categories; and
- a cost data matrix which includes a comprehensive breakdown of cost data [illegible] category shown in each graph.

A. Summary Graphs

The graphs contain summarized cost data relevant to each category. In addition to delineating the dollar value of services provided by the programs during the study period, each graph delineates the percent of the total categorical dollar each figure represents.

The third graph delineates the total of all services provided by the ADS program during the study period. It also delineates the dollar value and the percent of the total value for each programmatic category.

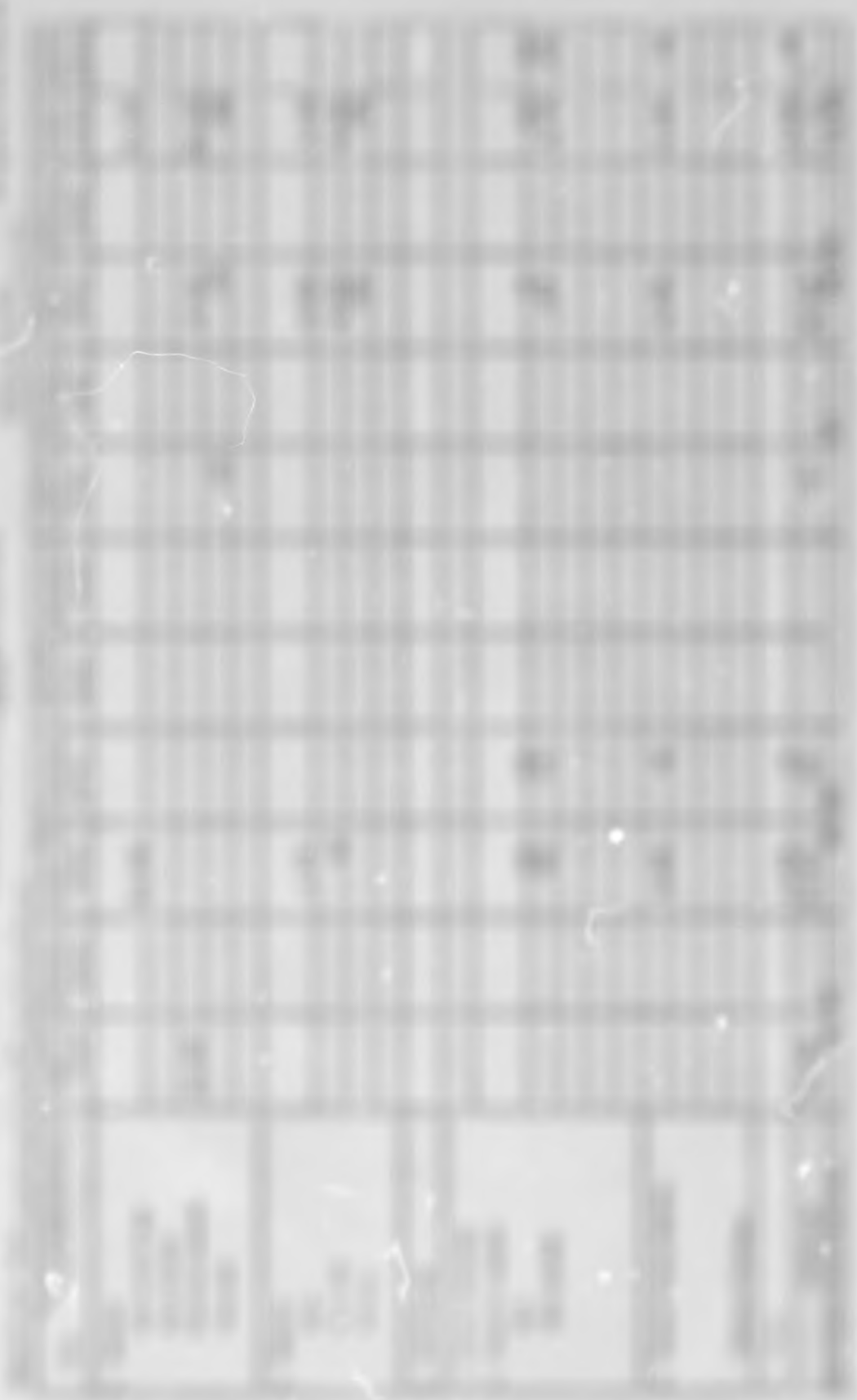
All other graphs in this section summarize the resources utilized the dollar value of services provided by the programs during the study period for each of the 10 programmatic categories.

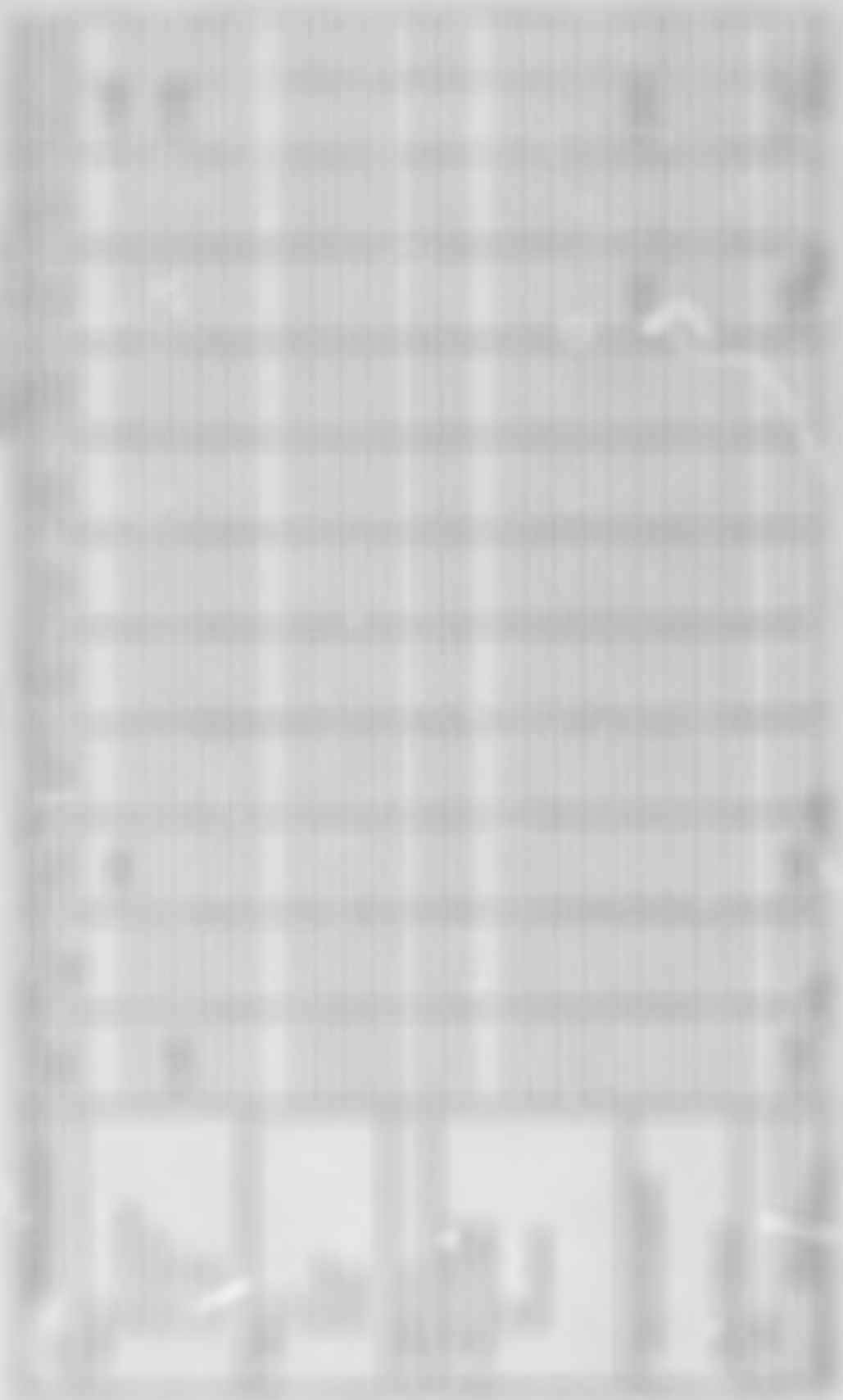
B. List of Program Objectives

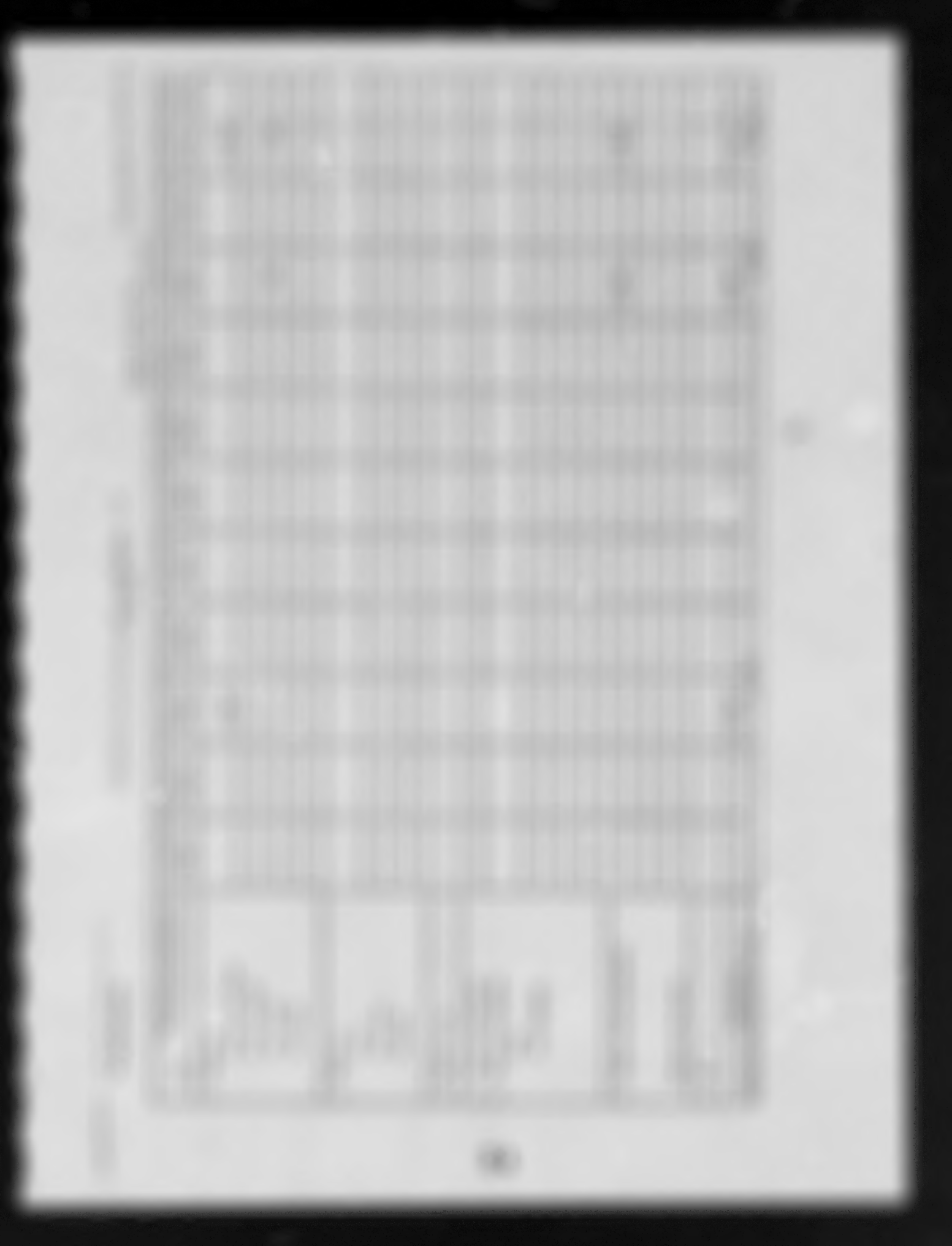
Each of the graphs which summarizes the dollar value of services provided within a programmatic category is followed by a list of program objectives which specify the category objectives.

C. Cost Data Tables

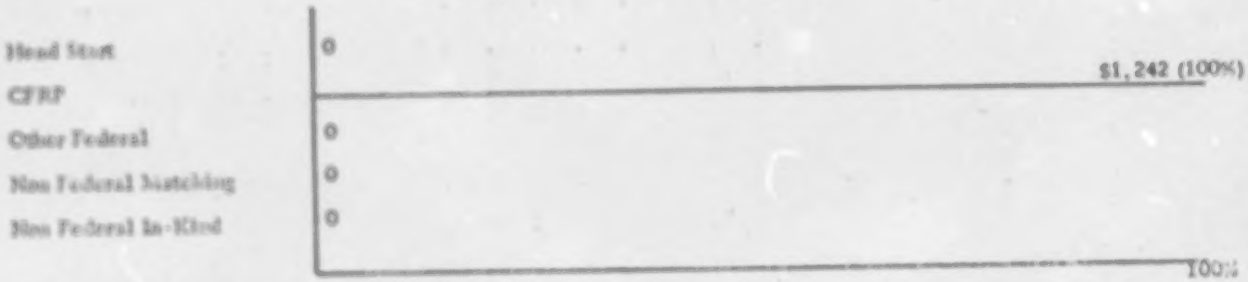
Cost data tables are also provided for each group presented in this section. Each cost data table delineates the type of resources utilized by the programs to provide services within the category and the dollar value of services provided by that resource. In addition, the table delineates, by row, how both the dollar value those each resource was utilized.







VALUE OF NUTRITIONAL SERVICES (1, 3)



Total: $1,242 1.7% of Total Program Value for Period

The data collected and presented on the graph above is the total dollar value (from all available resources) of nutritional services provided by Poughkeepsie CFRP. These services are those which serve to meet the following objectives of the health services component of the programs:

- help provide food which will help meet the child's daily nutritional needs in the child's home or in another clean and pleasant environment, recognizing individual differences and cultural patterns, and thereby promote sound physical, social, and emotional growth and development;
- provide an environment for nutritional services which will support and promote the use of the feeding situation as an opportunity for learning;
- help staff, child, and family to understand the relationship of nutrition to health, factors which influence food practices, variety of ways to provide for nutritional needs and to apply this knowledge in the development of sound food habits even after leaving the program;
- demonstrate the interrelationships of nutrition to other activities of the program and its contribution to the overall child development goals; and
- involve all staff, parents, and other community agencies as appropriate in meeting the child's nutritional needs so that nutritional care provided complements and supplements that of the home and community.

The data shown on the graph are for overall nutritional services. The costs of individual food programs utilized by program during the study period is not shown in this chart.

Poughkeepsie

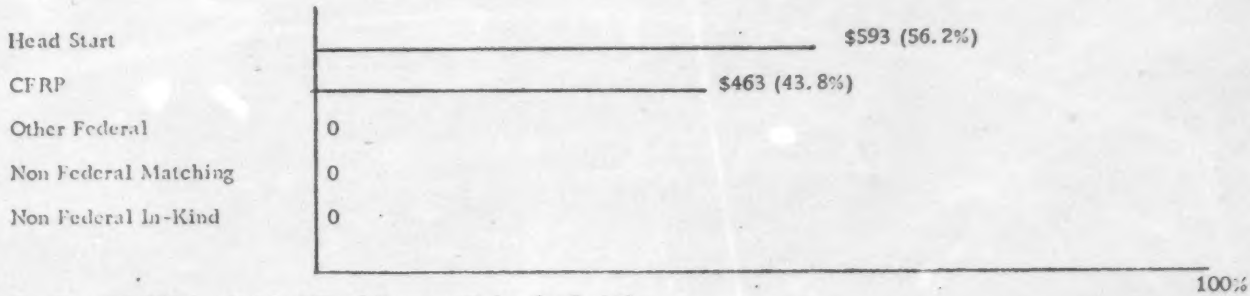
CATEGORICAL COST DATA FOR Nutrition - 1.3
Category

OMB No. 025-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

Item	Source: Head Start		CPKP		Other Fed. *		Non-Fed. Matching*		Non-Fed. In-Kind*		Totals	
	Type of Variable: Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable
	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
1. Personnel												
Salaries and Wages			1,242								1,242	
Fringe Benefits												
Consultants												
Volunteers												
2. Facilities												
Space												
Equipment												
Furniture												
3. Staff Training												
4. Materials (Reusable)												
5. Consumable supplies												
Food												
Other (specify)												
6. Contract Services (Specify)												
Medicaid Payments												
7. Travel												
TOTALS			1,242								GRAND TOTAL	
Grand total amounts from each source:			1,242								1,242	

VALUE OF
HANDICAPPED SERVICES (1 . 4)



Total: $1,056 1.4% of Total Program Value for Period

The data presented in the graph above indicate the total dollar value (from all available resources) of program services provided by Poughkeepsie CFRP during the study period which addressed the following general objectives of the program:

- provide handicapped children and children with special needs with the necessary mental health services which will ensure that the child and family achieve full benefits of participation in the program.

Poughkeepsie

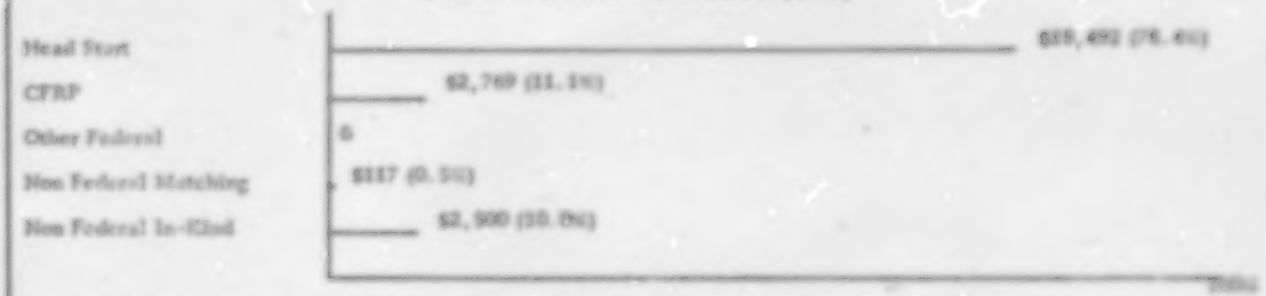
CATEGORICAL COST DATA FOR Handicapped - 1.4
Category

OMB No. 025-S-74013
Approval Expires: 30 June 1975

Categorical Cost Report

Item	Source / Fixed or Variable	Head Start Fixed Amount	Head Start Variable Amount	CFRP Fixed Amount	CFRP Variable Amount	Other Fed. Fixed Amount	Other Fed. Variable Amount	Non-Fed. Matching Fixed Amount	Non-Fed. Matching Variable Amount	Non-Fed. In-Kind Fixed Amount	Non-Fed. In-Kind Variable Amount	Totals Fixed Amount	Totals Variable Amount
1. Personnel													
Salaries and Wages				463								463	
Fringe Benefits													
Consultants		593										593	
Volunteers													
2. Facilities													
Space													
Equipment													
Furniture													
3. Staff Training													
4. Materials (Reusable)													
5. Consumable supplies													
Food													
Other (specify)													
6. Contract Services (Specify)													
Medicaid Payments													
7. Travel													
TOTALS		593		463								1,056	
Grand total all values from each source:		593		463								1,056	

VALUE OF EDUCATIONAL SERVICES (2.0)



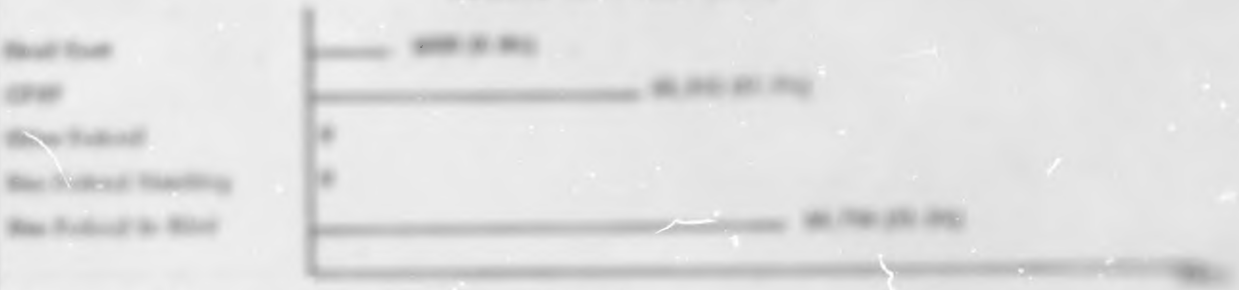
Total: $24,878 33.7% of Total Program Value for Period

The figures shown in the graph above show the total dollar value (from all available resources) of services provided by the Poughkeepsie program during the study period which addressed the following educational objectives:

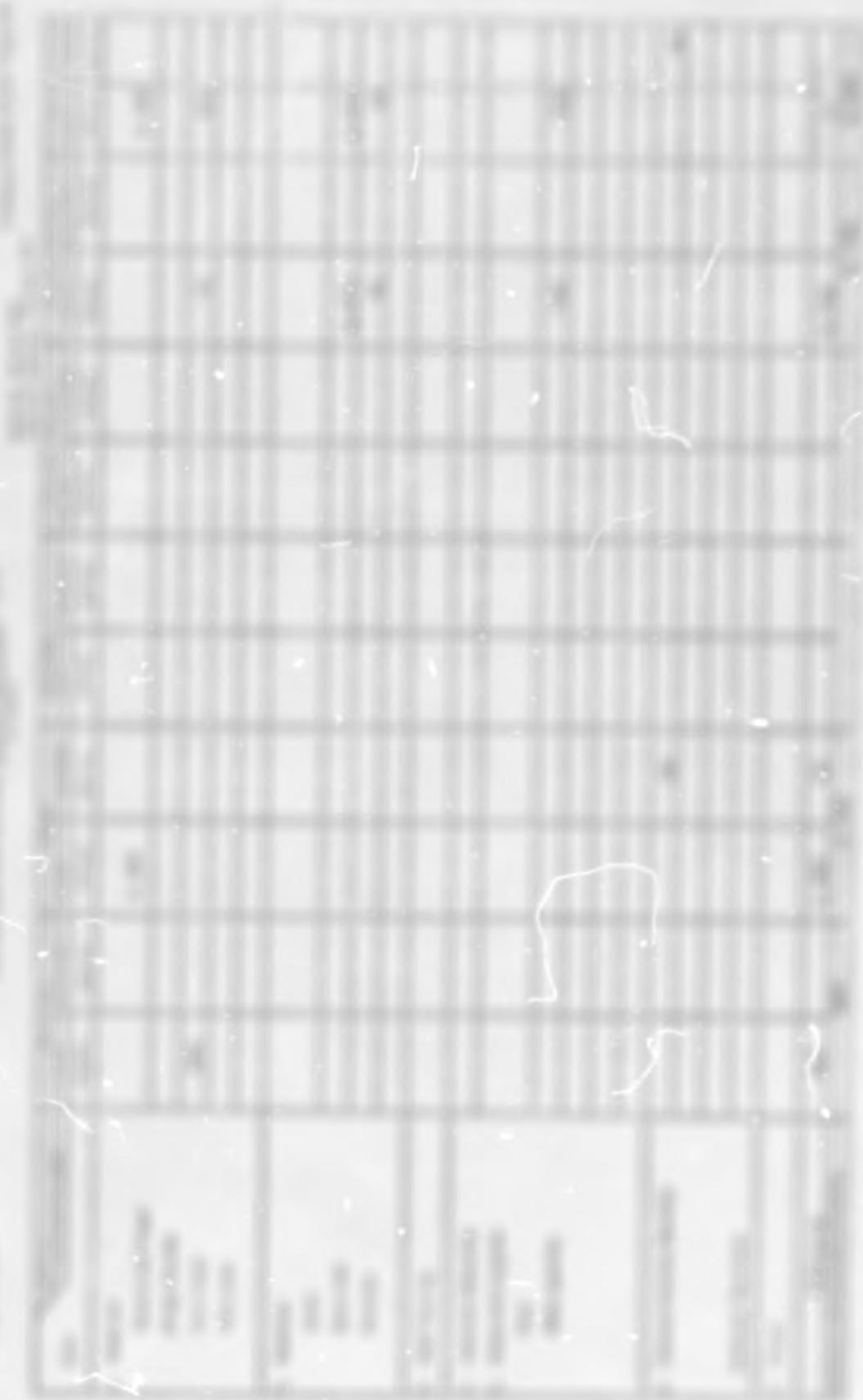
- provide children with a learning environment and the varied experiences which will help them develop emotionally in a manner appropriate to their age and state of development toward the overall goal of social competence;
- integrate the educational aspects of the various program components in the daily program of activities;
- identify and reinforce experiences which occur in the home that parents can utilize in educational activities for their children.

Poughkeepsie

Code												
1. Personal												
			1,554								1,554	
	19,950								500		19,950	
							117				117	
2. Public												
			704						3,000		3,704	
			117								117	
3. Staff Living												
4. Charitable Assistance												
5. Personal expenses												
Food												
Other (specify)												
6. Veterans Services Expenses												
Additional Payments												
7. Travel			100								100	
Total												



- [illegible] outlined in the graph above indicate the work dollar value done all qualities measured at [illegible]
- [illegible] during the study period which addressed the following objectives:
- establish and maintain an outreach and recruitment process which systematically locates and informs all eligible children;
- provide enrollment of eligible children regardless of race, sex, creed, color, national origin, or handicapping condition;
- assist the family to be more efficient in improving the condition and quality of family life; and
- make planned review of community services and resources and facilitate their use.



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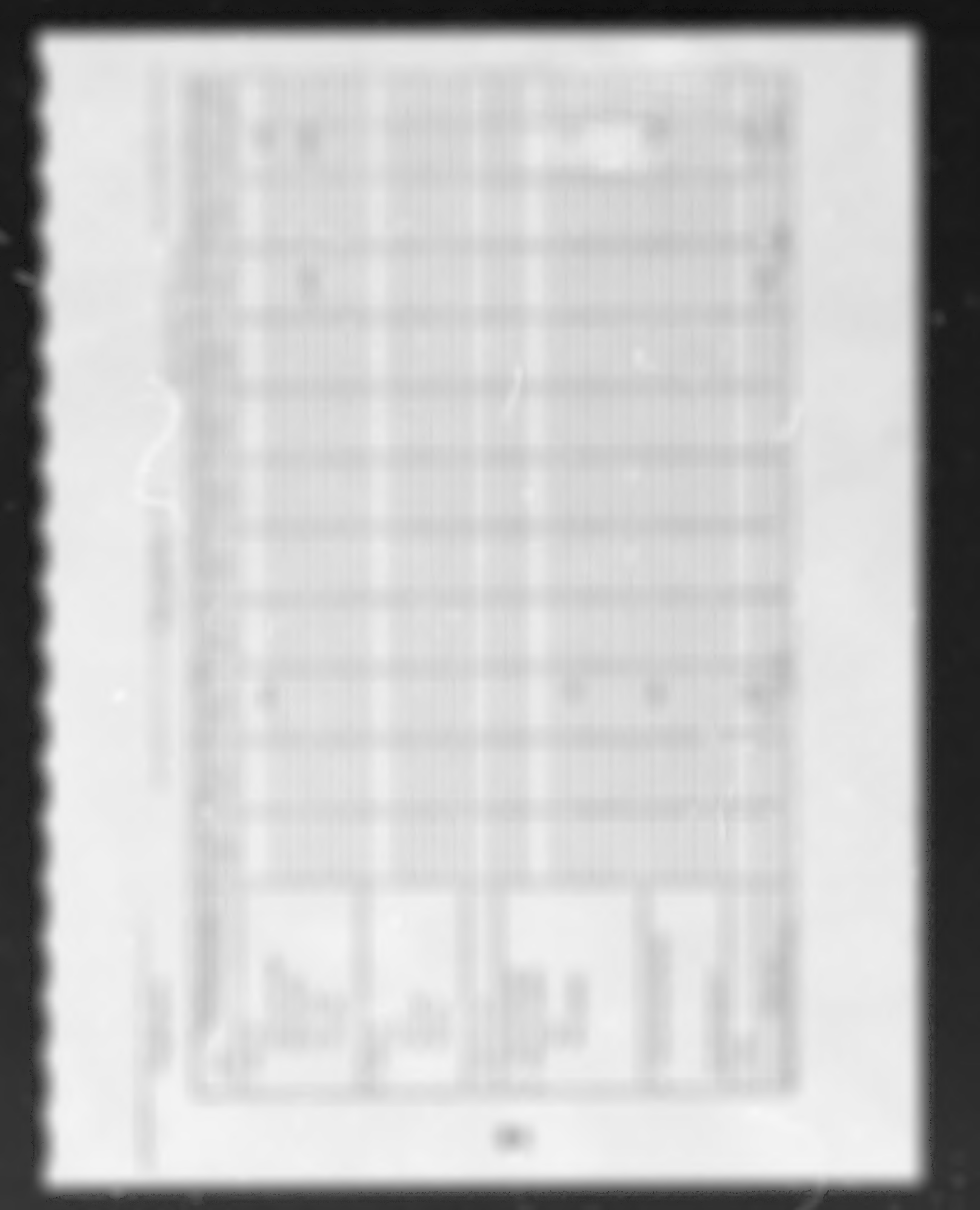

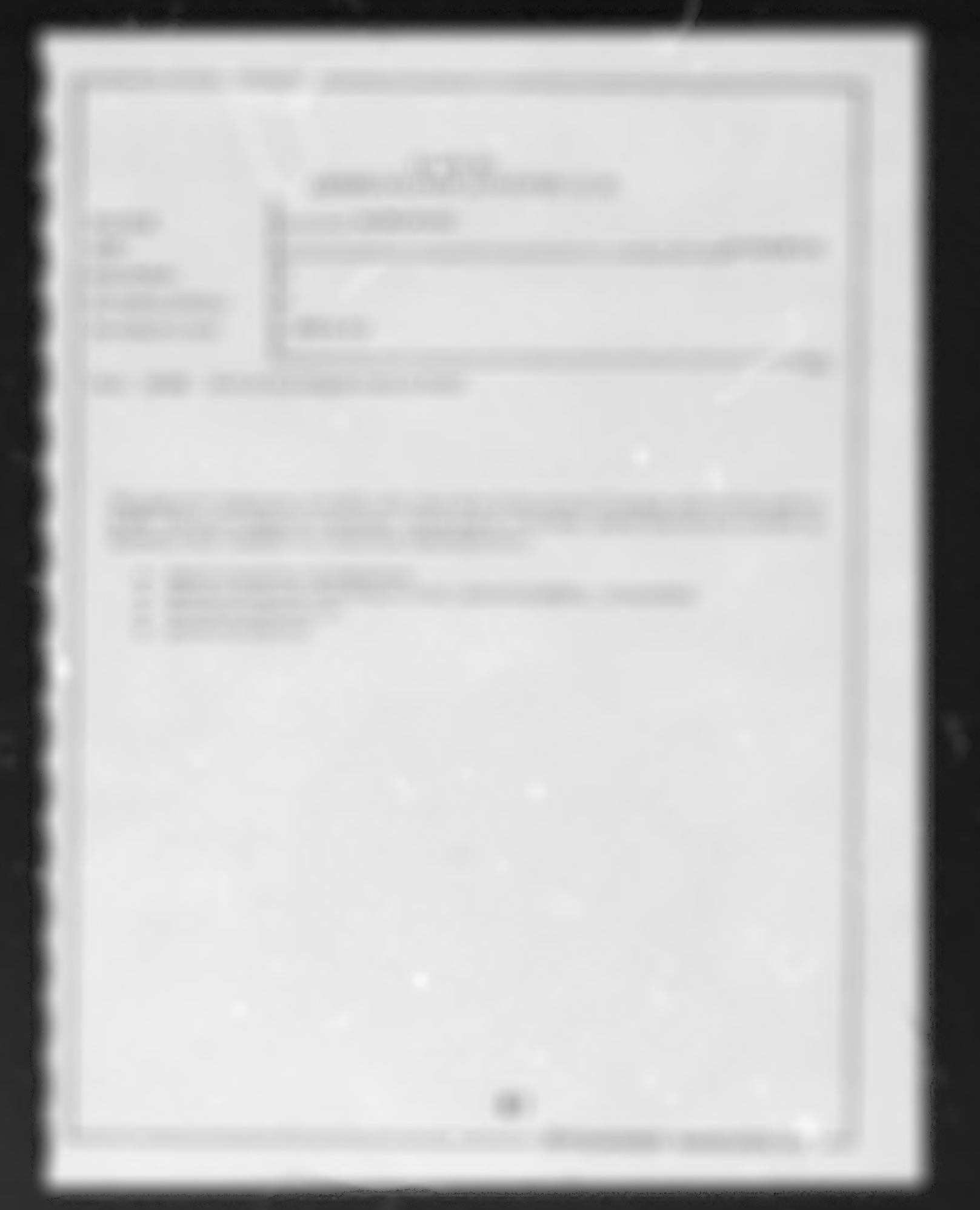

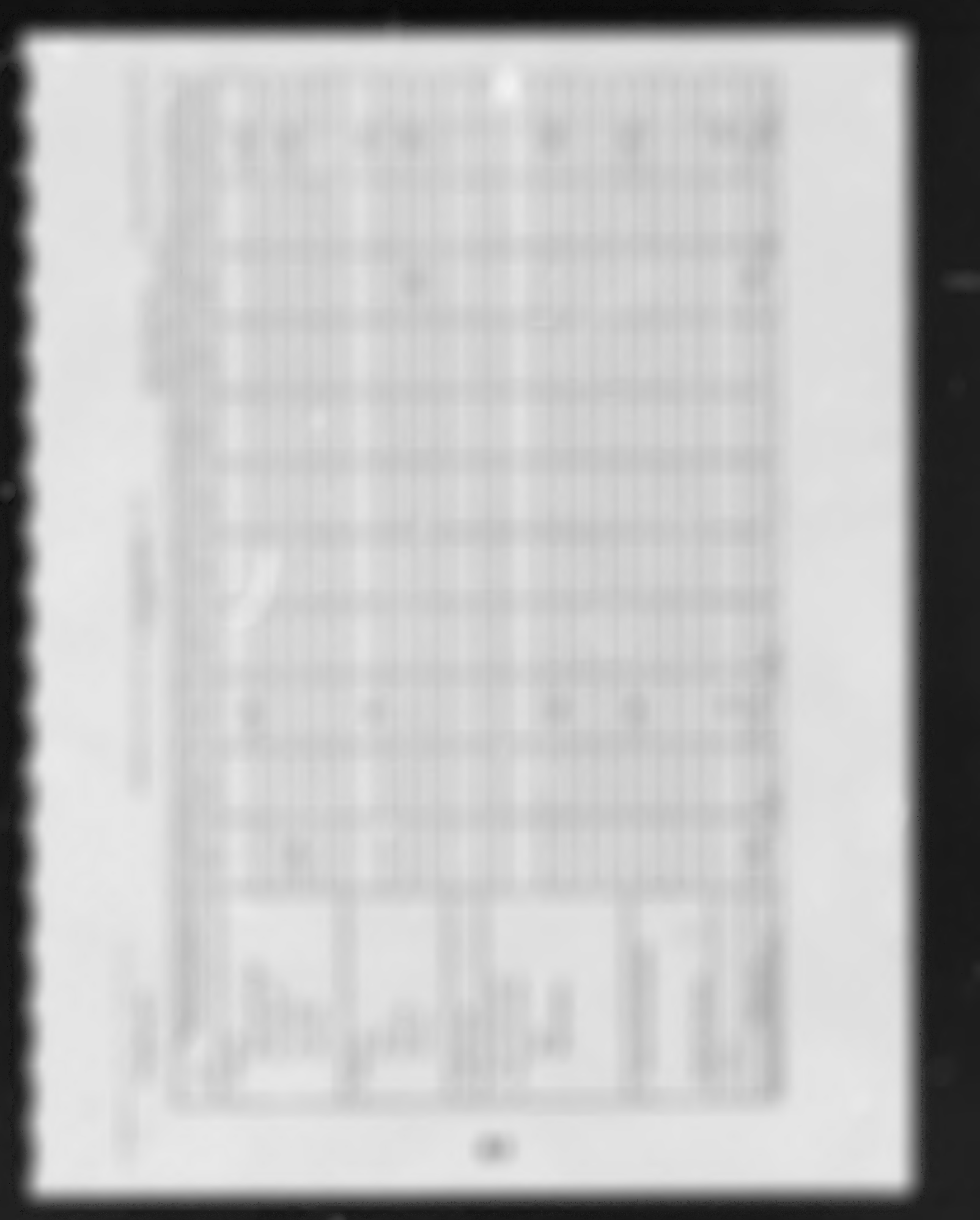

IX. NOTES ON KEY PROGRAM IMPLEMENTATION FACTORS

The Director of Educational Programs indicated that one of the major strengths of the planning process was the development of the concept of the RAP. The staff feels that this has worked well for this program. The psychologist considered one of the major strengths to be the involvement of the Parent Policy Council and the community agencies in the development of the program. The Policy Council made important contributions to the planning and did not just ratify the staff's recommendations.

On the other hand, the Director felt that the Community Action Agency was not involved sufficiently. She indicated that the CAA could have been used as a vehicle for greater community understanding of CFRP. Also, the Director felt that they tried to enroll too many families too soon; they should have proceeded more slowly in this. The psychologist felt that there was insufficient time for planning the program, especially since the program was scheduled for four years.

During Startup, the major problem was trying to place an RAP within the school system. Nobody at the school board wanted to make a final decision on the matter and the RAP was not placed until much later than they had first anticipated.

The Director made the point that the program would have proceeded much more smoothly if recruiting for Head Start and CFRP could have been done at the same time. They had to do this separately during the first CFRP program year. They recruited at the same time during Year Two and things proceeded more smoothly.

From the benefit of this experience, certain observations/suggestions were made that would contribute to a good CFRP:

- CFRP office should be located within a Head Start Center;
- CFRP and Head Start Directors should be the same person;
- CFRP staff and Head Start staff should be at equal organizational levels;
- It is important to send trained people into the field for home visits, etc.;
- A program management system should be intact before moving into the program implementation phase; i.e., all staff should know to whom they are responsible, why information is being gathered, and to have

a functioning internal evaluation system to identify and make necessary changes to keep the program current and responsive to family needs; and

- Never promise families more than you can deliver.